

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

**BEST AVAILABLE
BRIEF COPY**

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	13					
TOTAL DEP.	13					
TOTAL CLAIMS	69					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		1				
53			1			
54				1		
55					1	
56						1
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